

**CITY OF WATERBURY**  
**HUMAN RESOURCES**  
236 Grand Street  
Waterbury, CT 06702  
Phone 203-574-6761 Fax 203-574-8087  
AN EQUAL OPPORTUNITY EMPLOYER

**APPLICATION FOR EXAMINATION OR EMPLOYMENT**  
**(PLEASE TYPE OR PRINT CLEARLY IN INK)**

**Position Applying for**

Use title on Job Announcement

**Exam Number**

See Job Announcement

**INSTRUCTIONS (PLEASE READ CAREFULLY)**

1. Obtain a copy of the examination announcement before completing this application. Carefully review the job announcement and the General Conditions listed on the back of the announcement. In order to apply for the position you must meet the minimum qualifications listed on the announcement and follow the instructions on this application and the job announcement.
2. Applications (and exam materials, if required) must be received in Human Resources by the closing date. Late or incomplete application packages will not be accepted. Resumes may be included as a supplement to the application but will not substitute for any information required on the application form.
3. Applications are only accepted for open positions. An application received for a position not open and posted will not be considered for employment.
4. Give complete and accurate information about your training and experience as it relates to the minimum qualifications. Make sure you write your social security number on all pages of the application and on any other attached pages.
5. Bring, send or fax your application and any required materials or certifications to the address above. Retain a copy of your application package for your records.

**GENERAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street/Apt #) (City) (State) (ZIP)

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
(Area Code) (Area Code)

Cellular Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Area Code)

May We Call You At Work? ☐ YES ☐ NO Best daytime contact: ☐ Home ☐ Work ☐ Cell

Are you now, or have you ever been employed by the City of Waterbury? ☐ YES ☐ NO If yes, please give dates of employment and job title. \_\_\_\_\_

Are you currently authorized to work in the United States? ☐ Yes ☐ No

Note: Verification of identity and employment eligibility required at time of hire.

SOCIAL SECURITY # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Revised 3/28/2003

## EMPLOYMENT HISTORY

Beginning with your PRESENT OR MOST RECENT employment or volunteer experience and **working backward**, list all positions held **which are necessary for determining your eligibility for employment as stated on the exam announcement**. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, **using the same format and include your social security and exam number**. Salary/Wage information should be the last rate at time of separation.

(Start with most recent job)

Official Job Title \_\_\_\_\_ Company Name \_\_\_\_\_

Title of Immediate Supervisor \_\_\_\_\_ Dept. Where Assigned \_\_\_\_\_

Business Address/Phone # \_\_\_\_\_

Employed From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Total \_\_\_\_/\_\_\_\_ Salary or Wage \$ \_\_\_\_\_ per \_\_\_\_\_ Hours per week \_\_\_\_\_  
(mo/yr) (mo/yr) (yr/mo)

Reason for Leaving: \_\_\_\_\_

DUTIES (must be listed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Official Job Title \_\_\_\_\_ Company Name \_\_\_\_\_

Title of Immediate Supervisor \_\_\_\_\_ Dept. Where Assigned \_\_\_\_\_

Business Address/Phone # \_\_\_\_\_

Employed From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Total \_\_\_\_/\_\_\_\_ Salary or Wage \$ \_\_\_\_\_ per \_\_\_\_\_ Hours per week \_\_\_\_\_  
(mo/yr) (mo/yr) (yr/mo)

Reason for Leaving: \_\_\_\_\_

DUTIES (must be listed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Official Job Title \_\_\_\_\_ Company Name \_\_\_\_\_

Title of Immediate Supervisor \_\_\_\_\_ Dept. Where Assigned \_\_\_\_\_

Business Address/Phone # \_\_\_\_\_

Employed From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Total \_\_\_\_/\_\_\_\_ Salary or Wage \$ \_\_\_\_\_ per \_\_\_\_\_ Hours per week \_\_\_\_\_  
(mo/yr) (mo/yr) (yr/mo)

Reason for Leaving: \_\_\_\_\_

DUTIES (must be listed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

(Continued)

Official Job Title \_\_\_\_\_ Company Name \_\_\_\_\_

Title of Immediate Supervisor \_\_\_\_\_ Dept. Where Assigned \_\_\_\_\_

Business Address/Phone # \_\_\_\_\_

Employed From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Total \_\_\_\_/\_\_\_\_ Salary or Wage \$ \_\_\_\_\_ per \_\_\_\_\_ Hours per week \_\_\_\_\_  
(mo/yr) (mo/yr) (yr/mo)

Reason for Leaving: \_\_\_\_\_

DUTIES (must be listed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Official Job Title \_\_\_\_\_ Company Name \_\_\_\_\_

Title of Immediate Supervisor \_\_\_\_\_ Dept. Where Assigned \_\_\_\_\_

Business Address/Phone # \_\_\_\_\_

Employed From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Total \_\_\_\_/\_\_\_\_ Salary or Wage \$ \_\_\_\_\_ per \_\_\_\_\_ Hours per week \_\_\_\_\_  
(mo/yr) (mo/yr) (yr/mo)

Reason for Leaving: \_\_\_\_\_

DUTIES (must be listed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Official Job Title \_\_\_\_\_ Company Name \_\_\_\_\_

Title of Immediate Supervisor \_\_\_\_\_ Dept. Where Assigned \_\_\_\_\_

Business Address/Phone # \_\_\_\_\_

Employed From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Total \_\_\_\_/\_\_\_\_ Salary or Wage \$ \_\_\_\_\_ per \_\_\_\_\_ Hours per week \_\_\_\_\_  
(mo/yr) (mo/yr) (yr/mo)

Reason for Leaving: \_\_\_\_\_

DUTIES (must be listed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

Indicate Last Grade Completed	Name and Address of High School Last Attended				Date of Graduation or G.E.D. awarded	
Name of College, Business or Technical Schools Attended	Address	Dates of Attendance	Number of Credits Completed	Type of Degree Received	List Major Subject	

If you have any additional education or experience, or have taken SPECIAL COURSES, list these below. Please include: Where acquired and the total number of hours involved.

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Have you ever been dismissed from employment for inefficiency, delinquency or misconduct? No ☐ Yes ☐

If, "Yes", please attach a detailed explanation on a separate piece of paper.

**CRIMINAL CONVICTIONS:** Answers to the following question will be considered for examination/employment purposes if relevant to the position/exam for which you are applying.

Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law.)

No ☐ Yes ☐ If, "YES," please attach a detailed explanation about the nature of the conviction, degree of rehabilitation and time since release.

**Special Note:** You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-760, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-760), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-1421a).

\*Do you claim Veteran's Preference (5 points)? Yes ☐ No ☐

\*Do you claim Disabled Veteran's Preference (10 points)? Yes ☐ No ☐

\*(See General Conditions on back of examination announcement for qualifying information)

**IMPORTANT:** Proof of right to Veteran's Preference (DD214) and other relevant information must be submitted with application.

**CERTIFICATION:** I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment. I voluntarily give the Civil Service Commission of the City of Waterbury, Connecticut, or its duly authorized representative the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

Date ..... Signature .....

## APPLICANT DATA

TITLE OF EXAM \_\_\_\_\_

EXAM# \_\_\_\_\_

### VOLUNTARY:

In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be considered in the evaluation of your application.

A. SEX: Female ☐ Male ☐

B. RACE/ETHNIC DATA

- ☐ 1. BLACK (not of Hispanic Origin): Persons having origins in any of the black racial groups of Africa.
- ☐ 2. HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- ☐ 3. WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ 4. AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ 5. ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

C. PRIMARY SOURCE OF JOB INFORMATION: Where did you learn about this examination or employment opportunity?

Check the appropriate box(es) below:

- ☐ 1. Internet site \_\_\_\_\_
- ☐ 2. Newspaper, professional journal, radio or TV advertisement (where?) \_\_\_\_\_
- ☐ 3. Posting (where?) \_\_\_\_\_
- ☐ 4. Direct e-mail or paper mailing.
- ☐ 5. Present City employee.
- ☐ 6. Other: Please specify: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_ - \_\_\_\_ - \_\_\_\_